

Chapter 13

18-13128 MDC

Eastern PA

No. 1813128 MDC

CERTIFICATION OF BUSINESS DEBTOR

Office of Chapter 13 Standing Trustee

I, Robinanne ALTIER, being of full age and duly sworn upon my oath, depose and say:

1. I have 0 employees and have filed quarterly tax returns through the quarter ending _____, JUL 9 2018
2. I have 0 independent contractors that have performed services and have filed 1099's through the year of 20__.
3. I have filed the necessary 940 (FUTA) tax returns through the year 20__.
4. My principal business activity is ANTIQUES + Collectibles.
5. My business is a sole proprietorship / partnership / corporation / limited liability company
(Circle One)

{If your business is other than a sole proprietorship, please provide copies of your partnership agreement, corporate charter, or limited liability charter}

6. The gross income from my business for the previous year was \$14,000, and the net income after expenses was \$11,000.00. [Note - this form SMALL BUSINESS assumes a calendar year financial basis. If you are on a fiscal year, please so indicate.]
7. I have filed tax returns (business and personal) through the year ended December 31, 2017 with the Internal Revenue Service.
8. I have filed state tax returns (business and personal) through the year ended December 31, 2017 with the Commonwealth of Pennsylvania.
9. I began my current business on 5/2010?
10. My business is located at Home Address -

11. I have have not (circle one) pledged any business receivables, rents, profits, or other cash as collateral for any loans.

12. I have have not (circle one) incurred "trade credit" in producing self-employment income.

[Trade credit has been described as credit that firms extend to other firms in the ordinary course of business through the creation of receivables or payables. Trade credit involves the exchange of goods and services for other goods and services without the payment of money. This includes the extension of credit by debtor to clients or the extension of creditors' supplies to debtor.]

13. Licenses: Provide copies of the following, if applicable:

- * Business License (If a business license is not required for your business/self-employment please explain)

N/A

- * Seller's permit
- * Contractor's license
- * License to rent real property
- * Other license currently used

N/A


I have reviewed and completed the attached forms regarding insurance coverage

(Exhibit A), business assets (Exhibit B), and bank accounts (Exhibit C).

I have attached copies of the insurance policies as proof of coverage, licenses if

applicable, bank statements, and the previous two years tax returns (business and personal).

I declare under penalty of perjury that the foregoing information is true and correct.


(Debtor)

INSURANCE COVERAGE

OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Please check if you carry any of the following types of insurance for your business.
(You must attach a copy of the most recent declaration page for each insurance which you carry for your business.)

	Date Effective To	Coverage Amount
<u>NO</u> General Liability	_____	_____
<u>NO</u> Workers Compensation	_____	_____
<u>NO</u> Property	_____	_____
<u>NO</u> Fire/Extended Coverage	_____	_____
<u>NO</u> Theft	_____	_____
NO <u>YES</u> Auto (for business vehicles) + personal use 2/19	_____	<u>MIN. LIABILITY</u>
<u>NO</u> Other (state nature of coverage below)	_____	_____
_____	_____	_____
_____	_____	_____

EXHIBIT A

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

Debtor Name: Robinanne ALTIERI
Case No: 18-13128 MDC
Business Name: ANTIQUES & COLLECTIBLES
For the Month & Year (1/05, etc.): May 2018

BUSINESS INCOME:

(1) Actual Income from Sales & Service \$ 2100.00
(2) Other (Specify) \$ _____
(3) Other (Specify) \$ _____
(4) Total Actual Income (1+2+3) \$ 2100.00

ACTUAL BUSINESS EXPENSE PAID

(5) Rent/Lease \$ 100.00
(6) Utilities (Electricity, Gas, Water & Sewer) \$ 200.00
(7) Telephone \$ 40.00
(8) Insurance \$ 64.00
(9) Wages for Employees \$ 0
(10) Wages for Self/Owner(s) \$ 0
(11) Taxes \$ 0
(12) Gas and Fuel for Business Vehicles \$ 40.00
(13) Other (Specify) \$ 0
(14) Other (Specify) \$ 0
(15) Other (Specify) \$ _____
(16) Total Actual Business Expenses Paid Or (sum of 5 through 16) \$ 444.00

(17) Net Business Income/Loss (line 4-Line 16) \$ 1696.00
(18) Net Wages From Regular Employment-Del \$ 0
(19) Net Wages From Regular Employment-Spc \$ 0
(20) Amount Carried Over From Last Month \$ 0
(21) Total Net Monthly Income (sum of 17 thr \$ 1696.00

PERSONAL

(22) Rent/Mortgage \$ _____
(23) Utilities (gas, electric, water, sewer, fuel) \$ _____
(24) Telephone \$ _____
(25) Food \$ _____
(26) Transportation (fuel, tolls, parking) \$ _____
(27) Other (specify) \$ _____
(28) Other (specify) \$ _____
(29) Other (specify) \$ _____
(30) Other (specify) \$ _____
(31) Other (specify) \$ _____
(32) Total Actual Personal Expenses Paid (21 \$ _____

NET INCOME (LOSS)

(33) Gross Excess Income (line 21 - line 32) \$ _____
(34) MONTHLY CHAPTER 13 PLAN PAYMENT \$ _____
(35) Net Excess Income (line 33 - line 34) \$ _____
carry amount on line 35 to next month line 20

EXHIBIT D